Office of Labor-Menagement Stant Orde Weekington, JC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYED REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2008

This report is mandatory under P.L. 86-227 as amended. Failure to comply may result in a

No. aution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only READ THE INSTRUCTIONS CAREFI	ULLY BEFORE PREPARING THIS REPORT.			
E ((Populario)				
1. File Number U - 3027	2. Flacal Year Covered From:			
N/A - INITIAL FILING	01/01/04 Through: 12/3/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name JOHN J SABALIAUSKAS	Name LOCAL UNION # 102, IBEN			
	Labor Organization File Number 104-017			
P.O. Box, Bkig., Room No., if any	P.O. Box, Building and Room Number, If any			
Street 2 WALNUT LANE	Street 3695 HILL ROAD			
City BUTLER	ON PARSIAPANY			
State NEW JERSEY ZIP Code +4 07405	State N 7 ZIP Code + 4 0 70/74			
5. Position in labor organization.	OARD MEMBER			
(except as specified in the ex	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):			
(except as specified in the ex A. Held an interest in, encaced in transactions (including loans) with.	clusions set forth in the instructions): or ciertyed income or other economic benefit of			
(except as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizations.	clusions set forth in the instructions): or ciertyed income or other economic benefit of			
(except as specified in the ex A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organizations.	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent.			
A. Held an interest in, engaged in transactions (including loans) with, omentary value from an employer whose employees your organizations. 8. Name and address of Employer (including trade name, if any).	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent.			
(except as specified in the ex A. Held an interest in, angaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any).	clusions set forth in the instructions): or derived income or other economic benefit of ation represents or is actively seeking to represent.			
(except as specified in the ex. A. Held an interest in, engaged in transactions (including loans) with, emonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	or derived income or other economic benefit of action represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income.			
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(except as specified in the ex. A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street ZiP Code + 4 Signature and verification. The undersigned declares, under penalty	or derived income or other economic benefit of action represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information anyling documents), has been examined by the signatory and is, to the best of the			
(except as specified in the exchange of the second of the	or derived income or other economic benefit of attor represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable pensities of the law, that all of the information anyling documents), has been examined by the signatory and is, to the best of the			

Form LM-80 (2003)

	NHA SHITHE PLAN				
B. Held an interest in or derived income or economic benefit with monetary valuabitaritist part of which consists of buying from, selling or lessing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or lessing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise				
8. Name and address of Business (including trade name, if any).	9. Business desis with:				
Name					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bidg., Room No., if any	b. Trust c. Employer				
Street					
City L	}				
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any	NA				
Street	11.b. Approximate dollar value of such dealing.				
City ///	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	N/A:				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:	SEE SCHEBULE ATTACHED				
P.O. Box, Bldg., Room No., If any SCHEBULE	ATTACHED				
Street ATTACHES					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

FORM LM-30 ATTACHMENT

Part C

13a	13b	14a	14b
Name + Address	E = Employer C=Consultant	Nature of Payment	Amount of Payment
NOTHING TO REPO	RT		
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